OFFICE OF THE MEDICAL EXAMINER
DISTRICT NINE
2350 E. Michigan Street
Orlando, Florida 32806-4939

REPORT OF AUTOPSY

DECEDENT: ANGEL CANDELARIO PADRO **CASE NUMBER:** ME 2016-000946

MANNER OF DEATH: Homicide **IDENTIFIED BY:** Photo ID

AGE: 28 years **SEX:** Male
RACE: White **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 13, 2016 @ 10:30 a.m.

PERFORMED BY: Russell S. Vega, MD, Associate Medical Examiner of District Twelve
(Providing cross-coverage for District Nine)

, MD 6/8/16

REVIEWED BY: Joshua D. Stephany, MD, Chief Medical Examiner

CAUSE OF DEATH: Gunshot wounds of the left thigh and torso

AUTOPSY FINDINGS

I. Gunshot wound of left shoulder traversing chest
   A. Perforation of left axillary vein
   B. Perforations of left lung, diaphragm, and stomach

II. Gunshot wound of back
   A. Perforation of diaphragm and spleen

III. Gunshot wound of left thigh
   A. Perforation of skin and soft tissue

TOXICOLOGY ANALYSIS: See laboratory report.

CONCLUSION: In consideration of the circumstances surrounding the death, and after examination of the body, and review of the available investigative records, it is my opinion that the death of Angel Candelario Padro, a 28-year-old man, is due to gunshot wounds of the left thigh and torso.

The manner of death is homicide.

POSTMORTEM EXAMINATION
OF THE BODY OF ANGEL CANDELARIO PADRO

A postmortem examination of the body of a man identified as Angel Candelario Padro is performed pursuant to Florida Statute 406.11 by Russell S. Vega, MD, Associate Medical Examiner (District Twelve), providing cross-coverage for District Nine at the Orange County Medical Examiner facility, Orlando, Florida on June 13, 2016 at 10:30 a.m.

IDENTIFICATION: The body of Angel Candelario Padro is identified via comparison of decedent to photograph associated with Florida Driver License #C534-012-87-327-0. The identification is made by FDLE Special Agent Walsh to M.E. Investigator Nichole Dunn on June 13, 2016 at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: The body is received clad in a blue print button-up shirt, a black tank top T-shirt, two low-profile maroon socks, gray canvas shoes, gray shorts, print boxer briefs, and a black leather belt. Additionally, on the body are a gray metal watch with black leather band about the left wrist, a cord bracelet about the right wrist, a black cell phone in the front left pant pocket, and one black stud metal earring in each ear. The clothing has perforations that correlate with the gunshot wounds described below. Separately received in a bag with the body are personal effects that include $5 in U.S. currency, a money clip, and a Florida Driver license with the name of Angel Candelaria Padro. Personal effects are documented on the Body and Personal Effects Record.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished, white man that weighs 202 pounds, measures 70 inches in length, and general appearance is consistent with age of record of 28 years. The body is cool to touch due to refrigeration. Rigor mortis has fully developed, though it has been broken in the upper extremities. Lividity is mild, affects the posterior aspect of the body, is pink-purple, and is fixed in position. About the right wrist is an orange and white access-type bracelet. Both wrists also have two similar identification bracelets, one of which has "#36", and the other has "#36", "19-0946", and the name of the decedent, Angel Candelario Padro.

The scalp hair is black, straight, approximately 2 inches in maximal length, and fully distributed over the scalp. The irides are brown. The conjunctivae have no

petechiae. The teeth are natural and in a good state of repair. The facial hair consists of a black beard without mustache. The neck has no unusual marks. The chest is symmetric. The abdomen is flat. The penis is uncircumcised. The testes are descended into the scrotum. The extremities are symmetric. The legs have no pitting edema or ulcers. The back and anus have no lesions, except as described.

IDENTIFYING MARKS AND SCARS: No scars are evident on the body. A large tribal patterned tattoo is over the upper aspect of the back.

The body has only those injuries described below.

EVIDENCE OF INJURY

Gunshot Wound of Left Shoulder:

1. The entrance wound is located over the upper lateral aspect of the left shoulder, 61 inches superior to the sole of the left foot and ½ inch posterior to the coronal midline of the arm. The wound comprises a circular, 3/16 inch in diameter perforation with well-defined coning and minimal circumferential marginal abrasion. The wound has relatively limited but well-defined central tissue deficit. The skin surrounding the wound has no soot fouling or stippling.

2. The wound track has no exit.

3. The wound track traverses the skin of the left lateral shoulder, perforating the deltoid musculature, and entering the axillary fat. The wound track then perforates the axillary vein, without injuring the artery. The wound track then perforates the thoracic wall with a large blast-type injury that involves the 3rd, 4th, and 5th ribs laterally. The wound track then continues through the left pleural cavity with a broad perforation of both the left upper and lower lobes. The wound track apparently there ends, though some minute fragments of bullet and/or bone shards continue downward, causing punctate, full thickness perforations of the dome of the diaphragm.

4. The projectile has entirely fragmented, and no recoverable fragments are noted.

5. Associated with the wound track is hemothorax with 800 ml of liquid and clotted blood within the left pleural space.

6. The wound track is, with reference to the standard anatomic position, from left to right, from superior to inferior, and slightly from posterior to anterior.

Gunshot Wound of Back:

1. The entrance wound is located over the mid left side of the back, 46 inches superior to the sole of the left foot, and 4 inches to the left side of the midline. The wound comprises an irregular perforation, ¼ inch in its greatest dimension, with multiple superficial irregular radiating skin tears, each ¼ inch in length, involving most of the thickness of the dermis. The skin tears radiate from the medial and inferior margins of the wound. Slight abrasion margin is present over the lateral aspect. The wound has no associated stippling. A 2 x ½ inch zone of purple contusion is medial and adjacent to the perforation.

2. The wound track has no exit.

3. The wound track traverses the skin of the left lateral back, subsequently perforating the back musculature, principally the latissimus dorsi, and then perforates the posterolateral region of the left pleural cavity via the 10th rib. The wound track then traverses the posterolateral acute pleural recess without perforating the left lung. The wound track then traverses the lateral left hemidiaphragm and enters the retroperitoneum. The wound track then causes perforation of the posterolateral convex surface of the spleen. The wound track then appears to end, with complete fragmentation of the projectile, though small punctate perforations involve the greater curvature of the stomach (Comment: These stomach perforations may be due partly or even entirely to perforations associated with the first gunshot wound that penetrated the diaphragm separately).

4. Associated with the above-described wound track is hemothorax, as previously described, including 800 ml of liquid and clotted blood. Very minimal soiling by blood or gastric contents is present in the left upper quadrant of the peritoneal cavity.

5. A small lead projectile fragment is recovered from the retroperitoneum. This fragment is cleaned, photographed, and retained as evidence for law enforcement.

6. The wound track is, with reference to the standard anatomic position, from posterior to anterior, from left to right, and slightly from superior to inferior.

Gunshot Wound of Left Thigh:

1. The entrance wound is located over the mid posteromedial left thigh, 27 inches superior to the sole of the left foot when the knee is fully extended, and 1½ inches anterior to the posterior margin of the thigh as the extremity lies flat on the table. The wound comprises a 1 x ½ inch ovoid, smooth edged perforation, with the long axis oriented from 1 o'clock to 7 o'clock. The wound has no associated abrasion, color, or stippling. There is well-defined central tissue deficit.

2. The exit wound is a broad and gaping, stellate-type wound that is centered 24½ inches superior to the sole of the left foot and 6 inches anterior to the posterior margin of the thigh as the extremity sits on the table. The wound is 5 x 4½ inches in its greatest dimension with extension soft tissue and muscle damage evident in the wound depth. The wound has no clear abrasion margin or evident stippling.

3. The wound track traverses the previously described entrance wound, perforating the underlying subcutaneous fat and medial rectus musculature of the thigh. The wound track then exits the previously-described exit wound without causing major vascular injury or injury to the femur.

4. Recovered from the depths of the wound are two crescent-shaped irregular lead projectile fragments. These are cleaned, photographed, and retained as evidence for law enforcement.

5. No major injuries are associated with the wound track.

6. The wound track is, with reference to the standard anatomic position, from posterior to anterior and slightly from superior to inferior, without deviation from right to left.

Additional Injuries:

1. A fairly broad, irregularly shaped, somewhat subtle, pink-red abrasion is over the mid posterior surface of the right leg.

INTERNAL EXAMINATION

HEAD: The scalp has no injuries. The skull has no fractures. The epidural or subdural blood accumulations are present. The leptomeninges are thin and delicate, without hemorrhage or exudate. The cranial nerves and cerebral arteries are unremarkable. The brain weighs 1550 grams. The cerebral surfaces have the usual gyral pattern. The external and cut surfaces of the brain have no evidence of injury or natural disease.

NECK: The cervical spine, laryngeal cartilages, and hyoid bone have no fractures. The soft tissues of the neck have no evident injuries. The upper airways are lined by thin mucosa and have no lesions or obstructions. The tongue has no injuries evident.

BODY CAVITIES: The left pleural cavity is remarkable as described. The right pleural cavity has a 50 ml accumulation of blood that probably represents artifact of dissection rather than injury-associated hemorrhage. The body cavities have no adhesions. The body organs are normally situated, minimally congested, and have no unusual odors.

CARDIOVASCULAR SYSTEM: The great vessels and chambers of the heart are moderately underfilled containing dark red liquid blood. The great vessels arise normally, follow their usual courses, and have neither thrombi nor emboli. The aorta has no significant atherosclerosis nor is there aneurysm or dissection.

The heart weighs 340 grams. The epicardial and pericardial surfaces are smooth and glistening. The coronary arteries arise normally and follow a right dominant distribution; they have no atherosclerosis, thrombosis, or other cause of luminal comprise. The myocardial cut surfaces are brown, without evidence of recent or remote infarct or other focal changes. The endocardium is thin. The cardiac valves are normally formed with thin and compliant cusps and leaflets that have no lesions. The coronary ostia are normally situated and are patent.

LUNGS: The right lung weighs 600 grams; the left weighs 290 grams. The pleural surfaces are smooth without anthracosis. The cut surfaces are pink-red to dark red-purple depending on adjacent injury. No tumor, nodules, or emphysematous changes are evident. The left lung is remarkable for extensive injury as described. No pulmonary thromboemboli are evident. The tracheobronchial tree is patent without lesions or obstructions.

LIVER, GALLBLADDER, AND PANCREAS: The liver weighs 1380 grams. The capsule is smooth and thin. The cut surfaces are brown, without nodules or cirrhosis. The gallbladder contains liquid bile without stones. The pancreas has tan parenchyma without nodules, hemorrhage, or fibrosis.

HEMIC AND LYMPHATIC: The spleen weighs 130 grams. The capsule is smooth and thin. It is remarkable for injury as described, however, there are no nodules or other abnormalities. The lymph nodes appear inconspicuous throughout. The exposed bone marrow is red. The thymus is unremarkable.

DIGESTIVE SYTEM: The stomach contains 250 ml of thick, mucoid brown liquid without medicaments evident. The food particles are normally masticated and non-specific. The esophagus, stomach, and duodenum have no chronic ulcers, tumors, or obstructions. The small and large intestines have no pathology evident by in situ examination.

GENITOURINARY: The right kidney weighs 100 grams, as does the left. The capsules strip with ease from the underlying smooth cortical surfaces. The cut surfaces are tan-brown and have the usual corticomedullary architecture without nodules, scars, or large cysts. The calyces, pelves, and ureters are not dilated and have no stones. The bladder contains abundant clear, pale urine and is lined by smooth mucosa. The prostate gland has tan homogeneous cut surfaces without nodules. The testes have no palpable nodules.

ENDOCRINE SYSTEM: The pituitary gland does not appear enlarged. The thyroid gland has brown parenchyma without cysts or nodules. The adrenal glands have yellow cortices and red-brown medullae without nodules.

MUSCULOSKELETAL SYSTEM: The ribs, spine, clavicles, and pelvis have no fractures, except those described with gunshot wounds above. The supporting musculature and soft tissues are remarkable only as described.

RSV/st

Wuesthoff REFERENCE LABORATORY

Wuesthoff Reference Laboratory
6800 Spyglass Court
Melbourne, Florida 32940
Julie Bell, M.D., Laboratory Director

Patient: CANDELARIO PADRO, ANGEL Age: **28** Sex: **M**
Client Patient ID: 9-16-946 Account#: VX82958
Physician: VEGA, RUSSELL Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661401247 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
PERIPHERAL BLOOD			
ETHANOL	0.015	g/dL	0.010
ACETONE	NONE DETECTED	mg/dL	7.5
METHANOL	NONE DETECTED	mg/dL	15.0
ISOPROPANOL	NONE DETECTED	mg/dL	15.0
Analysis by Gas Chromatography (GC) Headspace Injection			
BLOOD DRUG SCREEN - BDSME			
SPECIMEN TYPE			
LEFT CHEST BLOOD			
GC/MS			
CAFFEINE			
LC/MS/MS			
CAFFEINE, CAFFEINE METABOLITE			
BLOOD IMMUNOASSAY SCREEN			
SPECIMEN TYPE			
PERIPHERAL BLOOD			
AMPHETAMINES	NEGATIVE	mg/L	0.100
BARBITURATES	NEGATIVE	mg/L	0.100
BENZODIAZEPINES	NEGATIVE	mg/L	0.050
BUPRENORPHINE	NEGATIVE	mg/L	0.001
CANNABINOIDS	NEGATIVE	mg/L	0.050
COCAINE METABOLITE	NEGATIVE	mg/L	0.100
FENTANYL	NEGATIVE	mg/L	0.001
OPIATES	NEGATIVE	mg/L	0.050
SALICYLATES	NEGATIVE	mg/L	50.0

7/25/16

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Patient: CANDELARIO PADRO, ANGEL Age: **28** Sex: **M**
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Physician: VEGA, RUSSELL Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661900694 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL, VITREOUS - VOLPV			
SPECIMEN TYPE			
VITREOUS			
ETHANOL	**0.021**	g/dL	0.010
ACETONE	NONE DETECTED	mg/dL	7.5
METHANOL	NONE DETECTED	mg/dL	15.0
ISOPROPANOL	NONE DETECTED	mg/dL	15.0

Analysis by Gas Chromatography (GC) Headspace Injection

7/15/16

Specimens were intact upon receipt. Chain of custody, specimen security and integrity has been mantained. Testing has been performed as requested

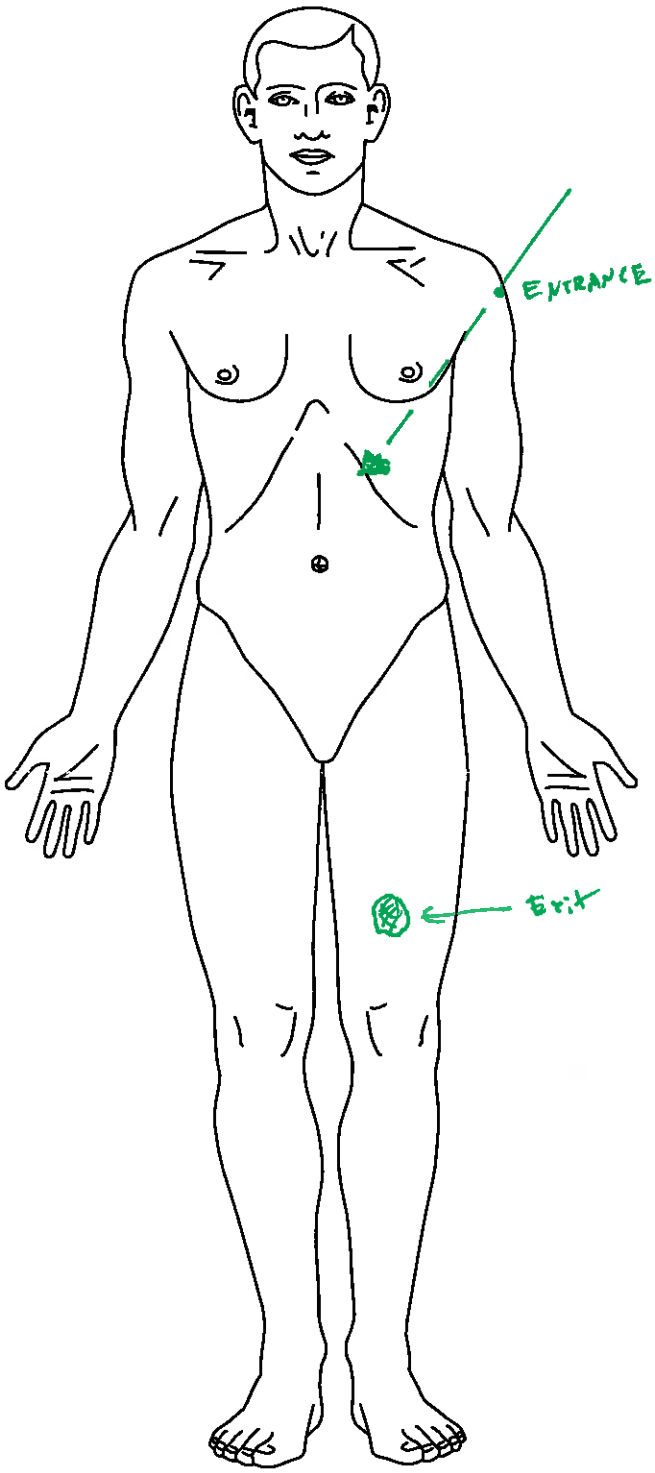
Reviewed by: _____ Date: 7/20/16

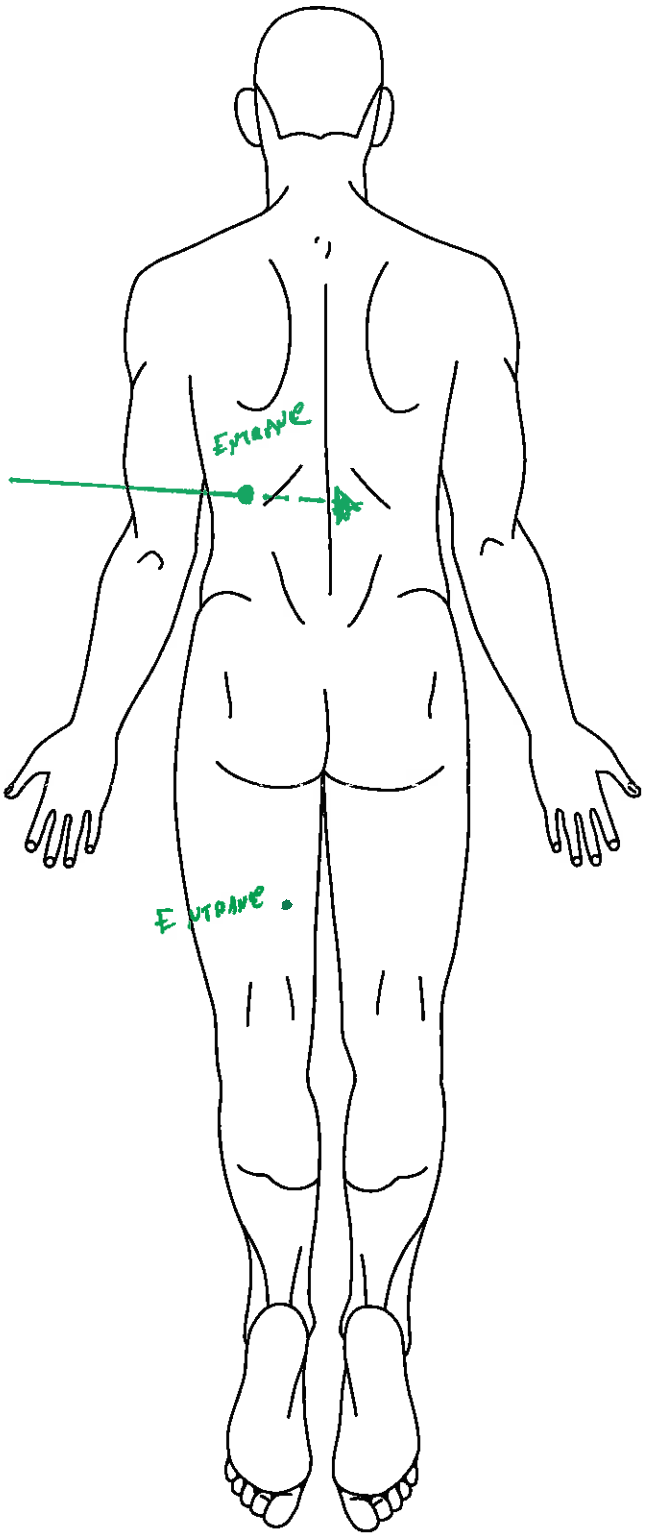
FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

ME16-00946

Candelario Padro, Angel

ME Case Number: _____ 28 Years - M 6/12/2016 _____





15-225 (8/11)

CLOTHES CATION DIAGRAM